

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 73

Primary Registration District No. 3014

Registrar's No. 133

63-047407

FILED DEC 31 1963

1. PLACE OF DEATH

a. COUNTY

CLAY

b. CITY (If outside corporate limits, give TOWNSHIP only)

LIBERTY

Length of stay in 1b

9 months

c. FULL NAME OF (If NOT in hospital, give location)

I.O.O.F. HOSP.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY CLAY

c. CITY OR TOWN

LIBERTY

d. STREET ADDRESS

I.O.O.F. HOME

Inside Limits

Yes ☒ No ☐

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First LOTTIE Middle VIOLA Last M<sup>rs</sup> CALL

4. DATE OF DEATH

Month Dec Day 22 Year 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

1-13-78

9. AGE (last birthday)

85

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

AT HOME

11. BIRTHPLACE (City and state or country)

PEORIA, ILL.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

ALONZO MITCHELL

13b. MOTHER'S MAIDEN NAME

UNKNOWN

14. NAME OF HUSBAND OR WIFE

CLYDE V. M<sup>rs</sup> CALL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

098A- GRACE E. OSBORN- 926-E.77ST.

17. INFORMANT

K.C., Mo.

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

3 day

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Generalized arteriosclerosis

DUE TO (c)

54.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Diabetes mellitus

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7 Oct 63 to 22 Dec 63 and last saw her alive on 21 Dec 63  
Death occurred at 4 45 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

F.M. Waterman, M.D.

22b. ADDRESS

18 W Kansas, Liberty, Mo

22c. DATE SIGNED

23 Dec 63

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

12-24-63

23c. NAME OF CEMETERY OR CREMATORY

FOREST HILL

23d. LOCATION (City, town, or county)

KANSAS CITY, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

NORTH

25. DATE RECD. BY LOCAL REG.

12-23-63

26. REGISTRAR'S SIGNATURE

Mabel Graham

D.W. NEWCOMER'S SONS- KAN. CITY, Mo

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

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JAN 7 1964

DR. F. M. W. ATERMAST  
18 W. KANS.  
LIBERTY, MO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Marvin D. Presto

Licensed Embalmer No. 5040

P. O. Address Mo. Kan. City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.